UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.41
11 May 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE AFRICA REGION

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Ethiopia	49 500 000	7 650 000	1992-1994

A summary of the recommendation follows.

ETHIOPIA

Basic data (1990 unless otherwise stated)

U5MR: 220
IMR: 130
GNP per capital: $120
Child population (0-15 years): 23.5 per cent
Literacy: 75 per cent
Access to health services: 46 per cent

One-year olds fully immunized against:

tuberculosis:	29 per cent (1991)
diphtheria/pertussis/tetanus:	21 per cent (1991)
measles:	17 per cent (1991)
poliomyelitis:	21 per cent (1991)

Pregnant women immunized against:

tetanus:	6 per cent (1991)

Introduction

1. On 28 May 1991, what had been Africa's longest running conflict ended in Ethiopia. While there was relatively little bloodshed and destruction in Addis Ababa, the capital, the war was a long one of attrition. Government and UNICEF assessment missions in areas affected by conflict have indicated that much of the social infrastructure, particularly health, education and water supply facilities so essential to children and women were systematically destroyed.

2. During the Peace and Democracy Conference held in July 1991, it was agreed that the country would be administered by two authorities. Ethiopia, with an estimated population of 49 million, is administered by the Transitional Government of Ethiopia. Eritrea, with an estimated 3.5 million people, is administered by the Provisional Government of Eritrea. The programme being submitted to the Executive Board reflects that situation.

3. In 1988, the Executive Board approved funding for the period from mid-1988 through mid-1993 (E/ICEF/1988/P/L.3). As a consequence of the conflict and the administrative uncertainties that followed, the UNICEF planning process for the fourth country programme was interrupted. A programme bridging arrangement has thus become necessary in order to secure Executive Board approval for general resources and supplementary funds for the period 1992-1994.

The situation of children and women

4. An estimated 600 children under one year of age die every day in Ethiopia, mainly because of interrelated problems of underdevelopment, such as a low standard of living, food shortage, diseases, an inadequate socio-economic infrastructure and a lack of access to basic services. Diarrhoeal diseases cause high morbidity and mortality rates, especially among undernourished children. Acute respiratory infections (ARI), intestinal parasites, malaria and skin and eye infections are also common problems, as are protein-energy malnutrition, low birth weight and micronutrient deficiency disorders. Environmental degradation is both a cause and an effect of poverty, underdevelopment and child deaths. Recurrent drought contributes to a decline in agricultural production and undermines household food security. This in turn leads to malnutrition and disease, further exacerbating the rate of infant and child morbidity and mortality.

5. Childhood marriages continue to have a negative impact on girls, as do such harmful traditional practices as female circumcision. Arduous household chores, food production labour, nutritional taboos and too frequent, closely-spaced pregnancies sap women's energy, limiting their ability to participate in social, educational, economic and political activities. Deforestation, resulting in shortages of firewood, increases the burden on women, forcing them to travel long distances for fuel. Water collection imposes a similar burden. Food preparation, often under unsanitary conditions, is invariably the responsibility of women.

6. Complications associated with pregnancy, labour and delivery are among the major causes of maternal mortality. A family planning acceptance rate of only 2 per cent results in repeated pregnancies. On average, Ethiopian women bear seven children. Poor nutrition, including iron deficiency, makes them vulnerable to various ailments leading to anaemia. An assessment of body mass index in 1988 indicated that 16 per cent of all women had second or third degree chronic energy malnutrition. Many mothers suffer from "maternal depletion syndrome", which is caused by frequent pregnancies, prolonged lactation, heavy work and local food customs.

7. Only 18 per cent of the total population and less than 12 per cent of the rural population has access to potable water. Consequently, the majority of the people are exposed to polluted water and water-borne diseases. Less than 7 per cent of the total population uses latrines. An estimated 2 per cent of the total population has access to adequate refuse disposal systems. Few households have sufficient understanding of hygienic practices regarding food, water and washing.

8. Since surveys have not been conducted in large areas of the country for many years, data are not totally accurate. Nevertheless, both positive and negative trends related to the development of children and women have been noted. On the positive side, there has been a sharp increase in immunization

coverage, with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) coverage rising from 7 per cent in 1986 to 59 per cent in 1990. The adult literacy rate also increased from 62 per cent in 1986 to 76 per cent in 1990. Access to health services and potable water supplies showed marginal increases.

9. On the negative side, 30 years of civil conflict consumed resources essential for social and economic activities, disrupting services that could have saved children's lives. Most of the infrastructure for social services such as health, education and water supply were lost or destroyed during the conflict, as were much of the country's equipment, buildings, furniture, logistic support and human resources. Ethiopia is faced with rapid and, in many areas, irreversible environmental degradation, with forested areas reduced to less than 3 per cent of the land's potential. The total population of Ethiopia, including Eritrea, is estimated at 52.5 million, while the annual growth rate is 3 per cent (4 per cent in urban areas). The per capita gross national product is estimated at $120, while official development assistance is estimated at $9 per capita, among the lowest in the world. The primary school enrolment ratio of 34 per cent has not increased since 1986, and there is a clear disparity in favour of boys. There are an estimated 100,000 street children between the ages of 5 and 17 years in urban areas, with another 900,000 projected by the year 2000. The officially reported incidence of acquired immune deficiency syndrome (AIDS) increased from two cases in 1986 to 511 newly diagnosed cases by mid-1991. The total number of reported AIDS cases is now 1,253.

10. The major priority of both the Transitional Government of Ethiopia and the Provisional Government of Eritrea is to provide relief and rehabilitation assistance to people affected by drought and/or war. Existing relief and rehabilitation services are currently straining to provide adequate assistance to an estimated 6.4 million people affected by drought, 1 million soldiers and other displaced persons and 1.2 million refugees and returnees. Both authorities, while using different approaches, share the priorities of rehabilitation and development of the agricultural, health, water supply and sanitation, education and industrial sectors.

11. The Transitional Government of Ethiopia is considering a draft economic policy. In addition to providing relief and rehabilitation assistance, the aim of the policy is to create opportunities for individuals to take economic initiatives; to encourage private investors to participate in the development of the country; to allow regional and local administrations and communities to plan and implement local development projects; to seek foreign donor assistance to implement relief and rehabilitation projects; and to mitigate regional imbalances and promote long-term development.

12. Following the end of civil war in May 1991, the Provisional Government of Eritrea has quickly established a functioning administration with all line ministries operational, although in need of support. However, Eritrea is not yet recognized as an independent State. In the meantime, its legal position as an aid recipient is uncertain. It is not yet eligible, for example, for

development assistance under normal bilateral arrangements, nor for credits from international lending institutions such as the World Bank. However, United Nations relief agencies and some non-governmental organizations (NGOs) are providing humanitarian assistance to Eritrea with the full cooperation of the Provisional Government and the acceptance of the Transitional Government of Ethiopia.

Programme cooperation, 1988-1991

13. UNICEF assisted 45 projects in the areas of health, nutrition, water supply and sanitation, education, emergency assistance, area-based programmes and planning. External relations activities advocated and supported these endeavours.

Health

14. Strengthening management coordination and integration of health services at the awraja (district) level was a priority. Support was provided for the training of health personnel, decentralized management, new strategies for community participation, regular planning and monitoring meetings at regional levels and improved intersectoral coordination. These efforts resulted in a dramatic increase in immunization coverage. Coverage of DPT3 rose from 7 per cent in 1986 to 59 per cent in 1990, setting the stage for better coordination of maternal and child health (MCH) interventions at the awraja level.

15. UNICEF supported the training of health workers, while health units were provided with medical and cold-chain equipment, other supplies and transport. Services for mothers and children, including family planning, were carried out in most health facilities, but coverage rates remained low for antenatal care (16 per cent), delivery services (5 per cent) and family planning (2 per cent). The oral rehydration therapy usage rate is estimated at 22 per cent. Community health services were strengthened through the training of community health workers (CHWs) and traditional birth attendants (TBAs). The preparatory phase for initiating the Bamako Initiative was completed, indicating that favourable conditions exist for its fuller implementation.

Nutrition

16. UNICEF support focused on household food security, child care and mothers' knowledge of appropriate feeding practices. Support was provided for the development of a national food and nutrition strategy aimed at achieving national and household food security. At the national level, activities receiving UNICEF support included capacity-building, the establishment of food and nutrition surveillance systems and of a data bank within the Food and Nutrition Unit of the Office of the National Committee for Central Planning. Studies to support household food security were undertaken, particularly through the UNICEF/World Health Organization (WHO) Joint Nutrition Support Programme (JNSP). Nutrition education and training activities were revised, making them more problem- and target-oriented. The coverage of growth

monitoring was expanded. Activities to control micronutrient deficiencies were strengthened through prevalence studies, advocacy training, the supply of micronutrient supplements and quality control mechanisms. The iodine deficiency disorder (IDD) project was strengthened with the inauguration of the iodation units at Assab Salt Works. Emphasis was placed on emergency nutrition interventions in the Ogaden and Eritrea.

Water supply and sanitation

17. The major policy interventions were advocacy for increased donor coordination leading to standardized, low-cost, community-managed technologies to support a national water supply and sanitation sector plan. In order to raise water supply and sanitation coverage from 18 and 7 per cent of the population, respectively, activities included fitting boreholes with hand- and power-pumps; digging hand-dug wells, gravity-fed schemes from protected springs and ventilated improved pit (VIP) latrines; rehabilitation of defunct schemes; operation and maintenance; and training and sector monitoring. Emergency water supply and sanitation projects became increasingly important because of the escalating drought and refugee situations.

Education

18. UNICEF supported educational interventions related to child survival and development (CSD). Advocacy for the implementation of the goals of Education for All was a high priority. Major areas receiving support were pre-primary and primary education, including curriculum development and teacher training; non-formal education, including post-literacy and basic development education; educational planning and inspection; and the development of educational mass media.

Area-based programme

19. UNICEF assistance included support to both urban and rural communities and focused on the integration of health services with child development activities and potable water supply and sanitation projects. Grinding mills were provided to women to generate income and to reduce their drudgery. Communities were mobilized and involved in needs identification and programme planning and implementation through greater intersectoral coordination in order to provide basic services to underserved and vulnerable population groups.

Planning

20. UNICEF cooperation focused on policy development, advocacy, data collection, programme planning, coordination and monitoring. Attention was also directed at the goals adopted by the World Summit for Children. Data collection focused on improving the statistical profile of children and women, while programme-related support was aimed at enhancing programme preparation, implementation and coordination. UNICEF and other United Nations agencies

coordinated their programmes under the Joint Consultative Group on Policy (JCGP) and the United Nations Emergency Prevention and Preparedness Group.

Emergency operations

21. Assistance included the provision of supplementary food, feeding utensils and shelter materials; basic health and medical supplies; and drinking water, through the rehabilitation and development of water sources and sanitation facilities. Appeals were made for non-food aid. Support was provided to the Government's early warning system to strengthen and refine its monitoring capacity; to help it to manage national food security better; and to improve planning for disaster preparedness and prevention programmes.

External relations

22. Increasing donor awareness of UNICEF-assisted projects and fund-raising activities was the major focus of external relations activities. UNICEF also advocated the adoption of the Convention on the Rights of the Child and the preparation of national programmes of action that take into account the national goals for the 1990s. Articles and photo reportage on successful programmes were disseminated through international and local media, and press conferences and meetings were organized on the World Summit for Children, the State of the World's Children report and the Day of the African Child.

Programme implementation

23. Programme implementation during the period under review was constrained by increasing conflicts in certain areas in the north; the mobilization of human resources and financial resources to the war effort, resulting in limited government personnel and financial resources; and the temporary closure of the ports of Massawa and Assabou. The dismantling of mass organizations, as a result of the change of Government, affected programme operations at local and community levels. The establishment of two administrations meant that a revision of operational procedures was necessary.

Recommended programme cooperation, 1992-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1992	1993	1994	Total
General resources				
Health/Ethiopia	4 700	4 700	4 700	14 100
Health/Eritrea	600	600	600	1 800
Nutrition/Ethiopia	560	560	560	1 680
Nutrition/Eritrea	100	50	100	250
Water supply and sanitation/ Ethiopia	3 000	3 000	3 000	9 000
Water supply and sanitation/ Eritrea	250	250	250	750
Education/Ethiopia	1 900	1 900	1 900	5 700
Education/Eritrea	350	400	350	1 100
Area-based programmes/Ethiopia	3 370	3 370	3 370	10 110
Programme support/Ethiopia	1 180	1 180	1 180	3 540
Programme support/Eritrea	150	150	150	450
Emergency/Ethiopia	290	290	290	870
Emergency/Eritrea	50	50	50	150
Subtotal	16 500	16 500	16 500	49 500
Supplementary funding				
Health/Eritrea	600	600	300	1 500
Nutrition/Eritrea	400	400	200	1 000
Water supply and sanitation/Eritrea	700	700	350	1 750
Education and literacy/ Eritrea	600	600	300	1 500
Integrated basic services/ Eritrea	460	460	230	1 150
Children in especially difficult circumstances/ Eritrea	300	300	150	750
Subtotal	3 060	3 060	1 530	7 650
Total	19 560	19 560	18 030	57 150

/...

Programme strategies

24. Since the cessation of hostilities in May 1991, dramatic changes have taken place in Ethiopia, affecting the lives of children and women and the ability of UNICEF to assist them. The UNICEF programme strategy addresses an altered and still changing situation, and long-term planning, policy formulation and strategy are difficult. UNICEF is responding to the situation with a flexible programming approach. Emergency and reconstruction interventions will be used to extend programme delivery to previously inaccessible, war-torn or drought-affected areas as they will provide long-term, sustainable benefits. The rehabilitation of health, education and water supply facilities are certain priorities. The magnitude of the problems in these sectors is only now becoming apparent.

25. The proposed programme of cooperation encourages the new authorities to build on the successful experiences of the third country programme, while responding to the opportunities that peace has brought to children and women. Over the next three years, an adaptive strategy will be needed. The proposed programme stresses the need to increase emergency and rehabilitation assistance to the especially vulnerable children and women affected by conflict, drought and instability.

26. Preparation of the fourth country programme of cooperation between UNICEF and the Government of Ethiopia for the period 1992-1996 was in its final stages when the changes occurred. The mid-term review that was conducted in November 1990 had identified certain gaps that needed to be addressed. It recommended that the area-based approach be the main programming thrust and stressed the importance of monitoring the impact of programme delivery on children and women. One major strategy it identified was the need to respond to new challenges and opportunities with a creative programming approach, using adaptive decentralized strategies to ensure that proposed objectives could be attained. The need still exists.

27. The proposed bridging programme has been thoroughly discussed with the two administrations. Through regular programme and emergency interventions, the programme will support government efforts to reduce infant, under-five and maternal morbidity and mortality rates; to reduce severe and moderate malnutrition in children; to increase opportunities for meeting the basic learning needs of children, youth and adults, especially girls and women; to reduce water-borne diseases by increasing access to potable water supplies and sanitary means of excreta disposal; to promote the planning and implementation of integrated basic services (health, household food security, water supply, sanitation and education) through an area-based approach; to advocate the attainment of national goals and to improve sectoral monitoring capacity; to assist key institutions in capacity-building for sustainability; to incorporate a communications component and gender-responsive planning in programmes; and to safeguard the lives of children and women in especially difficult circumstances. Specific coverage and target population will be clarified in an annual plan of action as and when government policies become much clearer.

Ethiopia

28. Health. The programme will assist the Ministry of Health to expand and sustain the effective delivery of integrated MCH services in order to reduce infant, under-five and maternal morbidity and mortality rates and malnutrition in children. Specific interventions will include increasing static health services coverage to at least 50 per cent, for all components of services, to mothers and children; and emphasizing increased access by 1996 to selected key MCH interventions for an additional 25 per cent of the population through outreach and community health services.

29. This will include decentralized planning, implementation and monitoring. Support at the central level will be strengthened in the areas of planning, health management information systems, baseline data gathering for monitoring, finance and logistics management and health education. Local management will be strengthened for the community-based health services of the expanded programme on immunization (EPI), control of diarrhoeal disease (CDD), ARI, growth monitoring and promotion, family planning, maternal health and safe motherhood practices, and the prevention of AIDS. Awraja primary health care (PHC) committees will also be the focal point for establishing cost-recovery and revolving drug fund schemes to strengthen awraja-based services within the framework of the Bamako Initiative. Monitoring meetings will be adapted according to newly evolving community structures.

30. Nutrition. At the national level, support will be provided to secure ratification and implementation of the national food and national strategy, which aims at national food self-sufficiency and household food security through multisectoral inputs. In line with the strategy and the national disaster preparedness plan, support will be given to nutrition surveillance systems in order to assist relief, development planning and interventions. Coverage of nutrition service delivery, including community-based nutrition activities, will be expanded through the district health management systems, focusing on training and strengthening of management and monitoring systems. The implementation of national strategies on micronutrient deficiency control, including revitalization of salt iodation at the Assab Salt Works and widespread distribution in Ethiopia, will be promoted through advocacy and necessary support to the Ministry of Health.

31. Water supply and sanitation. The programme will assist the Water Resources Commission and the Ministry of Health to increase, by 1996, access to potable water supplies from 19 to 22 per cent and sanitary means of excreta disposal from 7 to 12 per cent. Lessons learned during the third country programme and the recommendations of the mid-term review will be incorporated in strategies and activities to be supported through the Water Resources Commission and the Ministry of Health. UNICEF will continue to advocate a national water supply and sanitation plan, stressing low-cost, village-level operation and maintenance and managed technologies, standardized designs and hardware and a comprehensive training programme. Donor coordination and sector monitoring will be central to efforts to accelerate coverage. Emerging priorities include rehabilitation projects in previous conflict areas, with

standardized designs and hardware, operation and maintenance, supply of spare parts and training being introduced in line with long-term objectives. On-the-job training and subject-specific, short-term courses will be the immediate priority for capacity-building. Technologies to be supported will include small diameter boreholes and hand-pumps; spring protection linked to low-maintenance, gravity-fed distribution systems; hand-dug wells constructed with community participation; rainwater catchments; renewable energy systems; VIP latrines; and operation and maintenance.

32. Education. UNICEF will assist the Ministry of Education to increase opportunities for meeting the basic learning needs of children, youth and adults, with special emphasis on increased access for girls and women to provide them with the knowledge, skills and values to change attitudes, improve their living conditions and reduce maternal and child morbidity and mortality. Based on the action plan for education for all, the efforts of the Ministry of Education will be supported by rehabilitating and re-equipping schools and other educational establishments, with a focus on war-torn areas; expanding early childhood development and education by experimenting with low-cost, community-based interventions; developing primary school curricula and instructional materials in at least 10 national languages; orienting teachers to the new materials; training teachers in the psychological rehabilitation of war-traumatized children; strengthening literacy and post-literacy programmes through the development of relevant reading materials; and mobilizing modern and traditional media to disseminate knowledge, skills and values to school and out-of-school target populations. UNICEF will support the Ministry of Education in implementing recommendations made during the mid-term review, including examining the causes of the decline in primary school enrolment, as well as literacy and post-literacy courses, and introducing corrective measures and policies to reverse the trend. The basic development education approach and the performance of related centres will also be thoroughly evaluated.

33. Area-based programme. With active community involvement, UNICEF aims to assist the Government in the planning and implementation of integrated basic services such as health, household food security, water supply and education so as to reduce mortality, morbidity and malnutrition of children and women in 10 regions. In cooperation with urban municipalities and NGOs, this programme will also address the needs of the most disadvantaged groups, including street children and single-parent families. Regional and district profiles will be prepared, with the selection based on the most underserved or unreached communities. The present area-based sites will not be abandoned, and ongoing activities will be supported while preparing for the implementation of the new sites. There will be 14 sites, 1 in each zone. These activities will be implemented in a coordinated and integrated manner by respective government counterparts and selected NGOs under the supervision of steering committees or city councils at the regional, awraja and community levels. In order to instill a sense of project ownership among communities, affordable, replicable and sustainable activities will be emphasized. Advocacy at all levels will be strengthened in order to promote the area-based development strategy and to reach deprived communities.

34. Programme planning and support. The programme will assist key institutions working with UNICEF to improve their planning and management capabilities for monitoring progress towards global goals for the 1990s through the improvement and use of information systems. Cooperation will consist of programme preparation, the monitoring and coordination of policy development and improved data collection. The Office of the State Committee for Foreign Economic Relations will be supported to ensure coordination and integration of programmes and projects through regular monitoring, including field visits. Support will be provided at the central level for policy development and the implementation needed to develop successfully programmes and projects. The development of an Ethiopian national programme of action, as required by the Plan of Action of the World Summit for Children, will be fully supported. UNICEF will seek the participation of other JCGP agencies in the development of the programme of action. Finally, improved data collection pertinent to children and women will constitute the main thrust of UNICEF cooperation with the Central Statistics Authority.

35. Emergency assistance. Support will be provided to the Early Warning and Planning Department of the Relief and Rehabilitation Commission, so as to help strengthen its capacity to collect information promptly and to compile data on emergency food and non-food needs in drought-prone and other affected areas. Specifically, funds will be used for logistical support, transport and training in disaster monitoring and management. To alleviate the plight of the destitute and those in urgent need of shelter, clothing and other relief items, resources will be provided and channelled through local governments and NGOs.

36. External relations. Advocacy and external relations support will build on earlier experiences by intensifying media relations and documenting successful projects on CSD concerns for fund-raising purposes. Advocacy will also be included for follow-up to the World Summit for Children and the goals for the 1990s. Visits by international media representatives and members of National Committees for UNICEF to successful projects will continue to be encouraged. A country information kit will be produced to advance fund-raising activities.

37. Evaluation. Despite the uncertainties that characterize the bridging proposal, it is hoped that within the first year of programme implementation, structures will be firmly established and social policies clearly defined. This will pave the way for evaluating the proposal in order to plan a full country programme recommendation for submission to the Executive Board in 1994.

38. Collaboration with other agencies. In the area of health, positive collaboration exists with the Christian Relief and Development Agency (CRDA), the coordinating body for about 75 mostly church-affiliated NGOs at the central level. The quarterly accelerated child health development review meetings initiated by the Ministry of Health and UNICEF have proven useful in improving coordination between the Ministry and NGOs at awraja and regional levels. Other partners in the health area include the United Nations

Population Fund (UNFPA), the Swedish International Development Authority (SIDA) and the World Bank for the family planning programme; WHO for CDD and ARI; McGill University (Canada) and WHO in awraja health management training and strengthening of the awraja health management system; WHO, the World Bank and SIDA for training CHWs, TBAs and health assistants; and Rotary International for EPI.

39. In cooperation with CRDA, UNICEF assisted the Government in conducting the first ever survey of NGO water supply and sanitation activities. The survey revealed that despite the huge investment, and partly because of poor coordination and a weak government monitoring system, the water supply and sanitation programme was not successful. A similar survey on related multilateral and bilateral cooperation has since been initiated. When complete, it should provide a comprehensive picture of water supply and sanitation investments and so allow the Government to stimulate effective donor coordination and sector monitoring, leading to the use of more appropriate, low-cost and standardized designs and technologies country-wide. The need for coordination is now recognized by most donors as being essential to the national programme. Cooperation with the Office of the United Nations High Commissioner for Refugees (UNHCR) regarding water supply for Sudanese refugees in the Fugnido camp was positive and UNHCR has requested further cooperation in the same region. Continued collaboration exists with the United Nations Development Programme (UNDP) and the World Bank on hand-pump standardization and development; and cooperation has been initiated with WHO, UNDP and the World Bank for the development of a global water supply and sanitation monitoring system.

40. WHO continues to be a key partner in JNSP. The Food and Agriculture Organization of the United Nations (FAO) collaborates with UNICEF on the national food and nutrition surveillance system. Menschen für Menschen provides funds for salt iodation.

41. Through the United Nations Emergency Prevention and Preparedness Group, coordination of emergency activities within the United Nations system will continue to identify needs, mobilize resources and monitor and report on emergency operations. The establishment of a liaison officer on coordination with the Organization of African Unity will further strengthen existing linkages. The integrated urban basic services project continues to cooperate with the Norwegian Redd Barna, Swedish Save the Children and Save the Children USA to improve the quality of life for at least some street children in Addis Ababa.

Eritrea

42. Health. To serve the population under its control, the Provisional Government of Eritrea has begun to implement a PHC system. The newly established Department of Health intends to apply this model to the entire country. The PHC infrastructure presently consists of 28 health centres (each staffed with 3-5 nurses and 10-12 health assistants), 92 health stations (each staffed with 2 health assistants) and about 120 health posts (served by 1 CHW

and 10 TBAs). The secondary health infrastructure consists of 10 regional hospitals. The Eritrean health staff includes 68 medical doctors, 488 nurses, 33 midwives and 850 health assistants. In recent years the health department was preoccupied primarily with war casualties and curative measures; it is, therefore, necessary to strengthen preventive care in Eritrea. Assistance will be provided in the areas of MCH, immunization, CDD, baseline data collection, health information systems and monitoring and evaluation. The rehabilitation of health centres, health stations and health posts will be supported, and the capacity of PHC and MCH staff will be upgraded.

43. Nutrition. Assistance will be provided to combat severe and moderate malnutrition among women and children through nutrition monitoring and supplementary feeding, measures to improve household food security, nutrition education, improved maternal nutrition and control of micronutrient deficiency disorders such as anaemia, IDD and vitamin A deficiency.

44. Water supply and sanitation. The development of a comprehensive water supply and sanitation plan will be a priority, as will surveys on the status of existing water supply and sanitation facilities. Assistance will also be provided for the urgent rehabilitation of defunct systems, as well as for operation and maintenance training and hygiene education. Support will be provided for low-cost technologies, including hand-pumps fitted to dug-wells and boreholes; small-scale, power-pumped systems; gravity-fed systems from protected springs; rainwater catchments; renewable energy; and VIP latrines. The programme will encourage the standardization of designs and hardware in order to simplify operation, maintenance and training, and to achieve community participation in system planning and management to ensure sustainability.

45. Education. With an estimated pre-primary and primary school enrolment rate of 25 per cent and a low literacy rate, support to pre-primary and primary education and literacy programmes will be a priority. Support will be provided for a survey of the educational needs of children, youth and adults; the development of an appropriate action plan for education for all; and the development of a new curriculum. Textbooks will be provided, as well as assistance for the training of teachers in pedagogics and in the psychological rehabilitation of war-traumatized children. Another major activity will be the rehabilitation and regrouping of school facilities and other educational establishments. Modern and traditional media will be used to empower families and communities, especially women, with useful knowledge, skills and values.

46. Area-based programme. Integrated urban basic services will be developed and implemented in Asmara and other towns in close cooperation with the municipalities and other relevant government counterparts and NGOs, taking into account rehabilitation and emergency needs. Priority will be given to such areas as PHC, nutrition, women's development activities, early childhood development, water supply and sanitation and children in especially difficult circumstances.

47. Planning. Cooperation will include support to social sector planning, particularly in the areas of PHC, water supply, sanitation and education. Policy development, surveys, data collection and analysis will be assisted. Support will be provided for the development of a comprehensive monitoring system, which will include statistics on the situation of children and women.

48. Emergency. Given the large number of drought victims, displaced persons and returning refugees, relief and rehabilitation programmes require immediate assistance. The socio-economic infrastructure, which has been extensively damaged by 30 years of war, must be rehabilitated to provide for the delivery of relief programmes. The Department of Social Affairs and the Eritrea Relief Association will be provided with financial and material support to assist drought victims and to resettle displaced and returning refugees. Funds will be used to carry out studies on the impact of conflict on children and to investigate possible solutions. Agreements will be entered into with NGOs involved in emergency relief and rehabilitation. Efforts will also be directed at encouraging gender analysis and related research on the different impact of emergencies on females and males.

49. External relations. Advocacy and external relations will be strengthened. Documentation of successful projects, especially on emergency relief and rehabilitation, will be disseminated. Visits by international media representatives and National Committee members will continue to be actively encouraged.

50. Cooperation with other agencies. In view of the forthcoming repatriation of an estimated 250,000 Eritrean refugees from the Sudan, UNICEF assistance will be concentrated in areas where returnees will most likely resettle. Close cooperation will be pursued in planning, implementation, monitoring and evaluation with WHO in the area of health, UNHCR in the area of water supply and sanitation and the World Food Programme (WFP) in the field of nutrition. Regular programme activities will be implemented by the various departments of the Provisional Government of Eritrea, as well as by local NGOs. Adequate data collection and analysis systems will be established in these departments to allow for close monitoring and evaluation.